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*For action*

**United Nations Children's Fund**
Executive Board
**Annual session 2005**
6-10 June 2005
Item 5 of the provisional agenda*

## Draft country programme document**

## Turkey

*Summary*

The Executive Director presents the draft country programme document for Turkey for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5.045 million from regular resources, subject to the availability of funds, and $25 million in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

05-28711 (E) 200405

| *Basic data*† *(2003 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 25.8 |
| U5MR (per 1,000 live births) | 39 |
| Underweight (%, moderate and severe, 1998) | 8 |
| Maternal mortality ratio (per 100,000 live births, 2000 adjusted) | 70 |
| Primary school enrolment (% net, male/female, 1998, 2001/2002) | 73/69, 91/85 |
| Primary schoolchildren reaching grade 5 (%) | 99 |
| Use of improved drinking water sources (%) | 93 |
| Adult HIV prevalence rate (%) | .. |
| Child work (%, children 5-14 years old) | .. |
| GNI per capita (US$) | 2 790 |
| One-year-olds immunized against DPT3 (%) | 68 |
| One-year-olds immunized against measles (%) | 75 |

† More comprehensive country data on children and women are available at www.unicef.org.

## The situation of children and women

1. The main priority of the Government of Turkey in recent years has been to maintain political and economic stability and prepare for accession to the European Union (EU). In December 2004, Turkey obtained a fixed date of October 2005 for starting membership negotiations with the EU. Preparations for accession have brought about a climate conducive to political, economic, social and institutional change, and created opportunities to reduce disparities among Turkey's young population and promote lasting change for children.

2. Despite impressive economic growth since 2002, a large proportion of the population has not yet benefited and it is estimated that 30 per cent of the population lives in poverty when the standard for EU accession countries of $4 per day is applied. Unemployment continues to be a significant problem, especially among young people. This is of growing concern as the country has 13 million adolescents who will be joining the job market in the coming years.

3. The 2003 Demographic and Health Survey (DHS) indicated significant progress towards achieving the Millennium Development Goal of reducing child mortality by two thirds. Between 1998 and 2003, the under-five mortality rate (U5MR) dropped from 52 to 37 per 1,000 live births and the infant mortality rate (IMR) from 43 to 29 per 1,000 live births. However, there are vast regional and urban/rural disparities. For example, the U5MR ranges from 30 in the west of the country to 49 in the east, with a similar urban/rural split. These gaps are reflected in total fertility rates, which are 3.6 in the east compared with 1.4 in the west.

4. The 30 per cent of the population living in poverty also suffer from the effects of social exclusion, including female illiteracy, early marriage and high fertility, limited access to services, child labour and subsistence agriculture or informal low-paid work in the cities. Such marginalized families tend to be concentrated in the south-east of the country and in shanty towns around the larger cities, attracting migrants from rural areas.

5. The DHS confirmed that a child's chances of survival are closely related to the mother's level of education. The IMR among children of mothers with no education or who had not completed primary school is three times higher than among children of women with a high-school or higher education. The survey also points to lower fertility rates, longer birth intervals and more access to antenatal care as being among the main factors contributing to reduced mortality. Immunization coverage rates, which increased from 46 per cent in 1998 to 68 per cent in 2003, still remain well short of the target of 95 per cent for all antigens. Regional differences exist, with 35 per cent coverage in the east and 63 per cent in the west.

6. In mid-2003, a gender review in education showed a 7-per-cent gender gap in gross enrolment rates in primary education. The gender gap in secondary school enrolment was 17 per cent. While the gender gap in primary and secondary education results from many issues, including lack of schools, poverty and gender bias, low rates of access to pre-school are mainly caused by low investment and lack of awareness of its benefits. The Government's commitment to education is visible in increasing budgetary allocations for education, although expenditure capacity remains a challenge.

7. There are a reported 80,000 children living and/or working on the streets and approximately 18,000 living in institutions. An estimated 1.6 million children aged 6-17 years are engaged in paid and unpaid work, primarily in the agricultural sector and in households. Children in conflict with the law may wait up to 537 days for due process, against an average of 232 days for an adult.

8. Despite significant progress, the protective environment for children, especially for the most vulnerable, remains inadequate. While there is no systematic monitoring, available research and anecdotal information indicate that child abuse, neglect and deprivation of parental care are increasing. The Common Country Assessment (CCA) points to social attitudes, customary practices and low levels of education as among the main causes. Concurrently, a weak institutional response is reflected in a lack of preventive measures, policies and poor enforcement of legislation.

9. A series of legislative reform packages between 2002 and 2004 brought family law closer to the standards of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Turkey also declared a zero-tolerance policy on torture and lifted restrictions on freedom of expression. The new penal code helped address some of the concluding observations of the Committee on the Rights of the Child, such as the provision of a probation mechanism for children. The new family law built in a number of amendments for the protection of children's rights, including raising the minimum age of marriage to 17 for both girls and boys. Children born out of wedlock have been given the same rights as those born within marriage. A revised civil code guarantees women equal rights with men, although the status of women in society is still low and perpetuated by prevailing attitudes.

10. The number of HIV/AIDS infections is currently low, standing at 1,922 to date. However, in the absence of adequate surveillance and case reporting, the actual figure is believed to be much higher, especially among vulnerable groups. Males account for 69 per cent of infections, but the gender distribution is shifting. Females account for 63 per cent of HIV-infected people aged 15-19 years. Mother-to-child transmission accounts for 2 per cent of HIV infections. The CCA reports that

Turkish youth are rarely exposed to "life skills" which are not covered in the education curriculum or addressed by parents. As a result, they are poorly equipped to cope with the challenges and risks posed by drugs and HIV/AIDS. The Ministry of National Education has recently included HIV/AIDS in the revised curricula for grades 6 to 8 in primary school.

11. Turkey is currently going through a process of major political, legal and institutional reforms. There are unprecedented opportunities for obtaining significant results for children and for accelerated progress in addressing disparities such as gender inequality and social exclusion. The Government is presently taking some positive steps to review the reservations to the three articles of the Convention on the Rights of the Child as part of an overall review of the country's compliance with all international instruments.

## Key results and lessons learned from previous cooperation, 2001-2005

### Key results achieved

12. The previous programme of cooperation contributed to the striking reduction in U5MR and IMR by improving the capacities of health personnel in neonatal resuscitation in provinces with high neonatal mortality rates. A full analysis of causal factors is still pending. The expansion of the "Baby-Friendly" Hospital Initiative to reach 70 per cent of all hospital deliveries has also contributed by ensuring that babies are breastfed and protected against infection.

13. The girls' education campaign, which is continuing through 2005, succeeded in reducing the number of out-of-school girls by approximately 15 per cent during 2003 and 2004. It also resulted in a significant increase in boys' enrolment.

14. In the area of adolescent development, UNICEF assisted the Government in developing strategies to address adolescent health needs within existing centres. The Government plans to implement these strategies in 33 provinces.

15. The area of child protection saw an alliance of policy and decision makers inquire into gross violations of child rights. Outcomes included the drafting of child protection laws in line with the Convention on the Rights of the Child, dissemination of a report resulting from a parliamentary inquiry on children living and working on the street, and increased resources devoted to child protection.

16. A set of indicators for monitoring the quality of life of children was adopted by all 81 provinces. This has improved local-level planning and resource allocation for disadvantaged groups.

### Lessons learned

17. The reduction of infant and child mortality over recent years confirms the findings in the *Lancet* article on child survival that consistent investment and persistence in the implementation of a mix of low-cost, high-impact interventions lower child mortality rates. The strategy focused on targeting of geographical areas and outreach services for poorer families. Decentralized approaches, tailor-made to specific local problems, give highest returns. In addition, knowledge and skills of women to handle childhood illness are crucial. The DHS clearly showed a strong

correlation between the education of the mother and the chances of a child is survival. Further analysis of DHS data is under way, the results of which may have implications not just for Turkey but for other countries.

18. A study of the girls' education strategy underlined that a campaign approach can work well and can develop into a social movement. The campaign brought government officials into contact with the most excluded through house-to-house visits. It also brought out creative solutions and innovations, including involving children themselves to identify friends and siblings who are out of school. Strong support for the campaign came from the highest political levels and turned girls' education into a national issue. This has resonated through all sectors of society with the help of extensive media exposure. Its appeal has mobilized not just political leaders, but also provincial and village authorities, religious leaders, non-governmental organizations (NGOs) and communities. A monthly cash stipend by the government for children from the poorest families who attend school, with a higher amount for girls, has encouraged enrolment.

## The country programme, 2006-2010

### Summary budget table

| | *(In thousands of United States dollars)* | | |
|---|---|---|---|
| *Programme* | *Regular resources* | *Other resources* | *Total* |
| Quality education | 1 000 | 5 000 | 6 000 |
| Early childhood care and learning | 830 | 5 000 | 5 830 |
| Protection and participation of children and adolescents | 1 150 | 11 500 | 12 650 |
| Advocacy, information and social policy | 1 030 | 3 500 | 4 530 |
| Cross-sectoral costs | 1 035 | — | 1 035 |
| **Total** | **5 045** | **25 000** | **30 045** |

### Preparation process

19. The country programme has emerged from the CCA and United Nations Development Assistance Framework (UNDAF) process. The prioritization retreat for Turkey's second UNDAF, which was attended by all United Nations agencies and relevant government and civil society partners, identified areas of comparative advantage for the United Nations, including UNICEF, in support of the Government's national development priorities and the Millennium Development Goals. The final UNDAF for 2006-2010 is in the process of being endorsed by the Ministry of Foreign Affairs and the State Planning Office.

20. The development of a country strategy paper by UNICEF and government officials in early 2005 put the focus on the key role UNICEF can play in a changing context to support the Government in addressing issues of sustainability, disparities and inequities effecting children. The preparation process reaffirmed the need to strengthen convergence among programmes, improve multisectoral coordination, strengthen local planning and further engage with civil society.

**Goals, key results and strategies**

21. The goal of the 2006-2010 programme of cooperation is to support the Government's priorities of expanding services to socially excluded children, enhancing the protection of children, equipping adolescents with knowledge and skills, implementing relevant policies and legislation and increasing resources for children.

22. Through a primary focus on protection, education and early childhood, the country programme will contribute to the following main results: (a) achieve and sustain gender parity in primary-school enrolment; (b) improve completion rates and reduce drop-out rates in primary school; (c) the reduction of U5MR to under 25 per 1,000 live births; (d) establish and strengthen standards, capacities and legal measures that make institutions and individuals accountable for violations of children's rights and foster a protective environment for children, particularly the urban and rural poor; and (e) policies, laws and monitoring systems will be adopted and enforced for better development and protection of children.

23. The following mix of strategies will be pursued: (a) strengthen national data collection and analysis to inform and provide strategic focus for policy and institutional changes; (b) capacity-building of professionals, local authorities, community leaders and civil societies; (c) strengthen local planning to identify and encourage local solutions to local problems in health and education; (d) scale up successful gender-sensitive and "child-friendly" models; and (e) alliance-building with a number of partners, including the media, to help mobilize resources for children. As Turkey remains prone to natural disasters, emergency preparedness plans and coordination mechanisms will be updated on a regular basis in consultation with relevant government institutions, civil society, United Nations agencies and donors.

24. Some aspects of the programme components and strategies will be implemented at national level and others at subnational and local levels. The programme will target districts with low human development indicators and low-income families in urban and remote rural areas.

**Relationship to national priorities and the UNDAF**

25. The country programme will contribute to the goals in education, health and protection of Turkey's National Plan of Action (NPA) for children and the Eighth Five-Year Development Plan. The NPA sets goals for 2010 and 2015 in line with the Convention on the Rights of the Child and with a focus on the areas defined by *A World Fit for Children*.

26. The UNICEF programme will contribute to all three of the areas covered by the UNDAF: (a) strengthened individual and institutional capacity for democratic and environmental governance at local and central levels; (b) social and economic policies for poverty and disparity reduction and quality basic social services for vulnerable groups; and (c) a more protective environment for women, children and youth.

**Relationship to international priorities**

27. The country programme will contribute to the achievement of the Millennium Development Goals, the goals of *A World Fit for Children* and UNICEF corporate

priorities, as well as the recommendations of the European Commission on Turkey's progress towards accession. Work on gender parity in primary education will help to accelerate progress towards Millennium Development Goal 3; work in health will contribute to Goal 4; work on HIV/AIDS will contribute to Goal 6; and work in child protection will contribute to the goals of section VI of the Millennium Declaration, on protecting the vulnerable, and also support implementation of the child rights reforms. The programme will contribute to Turkey's compliance with the Convention on the Rights of the Child and the concluding observations of the Committee on the Rights of the Child.

**Programme components**

**Quality education**

28. Good progress has been made in increasing girls' and also boys' access to primary school. However, despite education being compulsory, there is an enrolment gap of almost 600,000, or 6 per cent, between boys and girls in primary school. These are primarily girls from marginalized communities who do not attend school or drop out after completing grade five due to lack of transport or classrooms, poverty or traditional practices. The quality of education is uneven and there is a lack of flexible catch-up education for primary-school-aged children who have dropped out or never enrolled in school.

29. The first component of this programme will continue to sustain efforts to eliminate gender disparity in primary-school enrolment in cooperation with the Ministry of National Education, civil society, the EU and the World Bank. Increased resources for education will be mobilized from the Government and private sector for construction of classrooms. The ongoing girls' education campaign will be sustained and expanded to secondary-school-aged girls with local authorities, NGOs, local media and communities in provinces with high gender gaps. At least 30 per cent of out-of-school children aged 10-14 years will complete a catch-up education programme with essential life skills, including for HIV prevention.

30. The second component of this programme will focus on the quality of primary education, and will use both regular and other resources to ensure that primary-school children learn in a "child-friendly" environment. "Child-friendly" criteria for schools which establish standards for active learning, reading, sanitation, parents' and children's participation and zero-tolerance for violence will be rolled out from the current pilot areas to at least 30 per cent of primary schools in urban areas. These have been developed with the Ministry of National Education, teachers, parents and children.

**Early childhood care and learning**

31. U5MR and IMR have declined, but regional and rural/urban disparities persist. Malnutrition continues to be a problem. Exclusive breastfeeding rates during the first six months are relatively low, at 21 per cent. A significant number of expectant mothers do not have access to pre-natal or post-natal care services. Access to effective parenting and pre-school education programmes, especially in poor rural and urban areas, remains low.

32. The first component of this programme, which utilizes regular resources, focuses on the health of the young child within the framework of the new health

reforms. Partnerships with government and civil society including the private sector will inform and provide strategic focus for legislative change, resource mobilization and scaling up of successful gender-sensitive models for child survival. A key result will be to achieve and sustain 90-per-cent immunization rates among children under one year of age. In concert with the World Health Organization, a communication strategy will be developed, implemented and monitored. The capacities of services providers will be strengthened through training on the expanded programme of immunization, breastfeeding counselling, and pre-natal, neonatal and post-natal care.

33. Expectant parents in marginalized areas will be equipped with knowledge and skills through pre-natal classes. Mother support groups will be expanded with the aim of achieving an exclusive breastfeeding rate of 40 per cent for infants at six months of age. From a baseline of 70-per-cent household usage in 2003, universal salt iodization will be achieved and sustained with the goal of eliminating iodine deficiency disorders through social mobilization and legislation.

34. Using other resources primarily from the EU, the second component of this programme will concentrate on young child development and effective parenting. The programme aims to have 30 per cent of children in urban areas complete pre-school. In rural areas, a community-based pre-school system will be developed, training local women as para-teachers. In addition, 30 per cent of parents and caregivers, especially in poor urban and remote rural areas, will use positive child-rearing practices after completing the better parenting programme in local adult centres and other local facilities. At the national level, a policy on pre-school education will be put in place with associated budgetary provisions. Appropriate communication materials and tools on early childhood development (ECD) will be used by the Ministry of National Education, local media, universities and the private sector. The private sector will be a major partner in developing the communication tools.

**Protection and participation of children and adolescents**

35. Children, including adolescents, have limited access to information and life skills to protect themselves from violence, substance abuse and HIV/AIDS. An increasing number are vulnerable to abuse and neglect which go largely unreported and unaddressed. There are also increasing numbers of children living and working on the streets. The Government and Parliament recognize this as an increasing problem and have already outlined a series of recommendations for addressing the issue.

36. The first component of this programme aims to improve systems for care and protection of children. It focuses on prevention, where possible, and addresses abuse and neglect especially among children who are in contact with the law, or working and living on the streets and outside parental care. Preventive mechanisms, including family mediation and alternative models of care and protection, will be introduced. Minimum standards of care and protection for children living in institutions and foster care will be developed. The incidence of deprivation of liberty for child alleged offenders will be reduced. Children in contact with the law will have access to alternative mechanisms of dispute resolution as part of an improved child judicial system, including provision of free legal aid. Major partners in the area of juvenile justice will include the Ministry of Justice, Turkish Bar

Association, local child rights NGOs and the Council of Europe. Violence in schools, especially bullying, will be addressed through mass media and educational programmes for teachers, parents and children. The programme, with support from the EU, will also support local plans of action in at least eight cities to include measures to protect vulnerable children, including those living or working on the street, and/or at risk of HIV/AIDS.

37. The second component of the programme, primarily using other resources, will address adolescent development and participation. Data collection and analysis will be undertaken to better understand the vulnerabilities and risky behaviours, including drug and tobacco abuse and violence. With the support of UNICEF, a partnership with the Government, EU, local NGOs, the media and adolescents will be developed to address adolescent-specific policies on national life skills-based education, including HIV/AIDS and substance use. Peer education, parent counselling and adolescent referral will reach vulnerable adolescents and their parents, especially in poor urban areas.

**Advocacy, information and social policy**

38. Systematic data collection and analysis are needed to provide the basis for improved policies and programmes for children. Awareness of child rights among policy and decision makers, service providers, caregivers and children will enhance the effectiveness of their participation in policy discussions. In coming years, one of the main tasks will be to continue the work that has started in aligning the national child legislation with the Convention on the Rights of the Child and other international instruments.

39. The first component of the programme, social policies and child rights awareness and monitoring, using both regular and other resources, will seek to develop institutional capacities for generating and analysing data, and advocating and reporting on the rights of children and women. Findings from action-oriented research will be used to improve policy-making and bring about legislative and institutional changes. An independent child ombudsman's office will be established. In partnership with the Ministry of Justice, a new code for child protection that consolidates all child-related legislation will be developed. Parliamentarians, the Child-Friendly Media Network and children themselves will be encouraged to monitor child rights and follow up on enforcement of the child code. A mass media campaign will be launched and civil society organizations mobilized to raise awareness of child rights issues.

40. The second programme component, social investment for children has two interrelated thrusts. The first will be work with the Parliamentary Commission on Children to strengthen the role of parliamentarians to use evidence-based information to advocate for critical issues affecting children. The second will be UNICEF work with eight municipalities to build their management capacities and develop appropriate tools to monitor plans for children and take corrective actions when needed. At provincial level, the set of 'quality of life' indicators, developed with the Ministry of Interior to monitor children's minimum basic needs, will be consolidated in all provinces.

41. Based on experience gained to date, especially in the area of psychosocial support, and building on the specific role of UNICEF in emergencies, the country

programme will support ongoing emergency preparedness and response planning with a focus to ensure that the Core Commitments for Children are fulfilled.

42. **Cross-sectoral costs** will cover charges related to staff performing cross-cutting functions, security, staff training and administrative support.

**Major partnerships**

43. The comparative advantage of UNICEF in Turkey has been traditionally in the areas of health and education. This provides a solid platform for the expansion and deepening of cooperation in child protection, effective parenting and monitoring of child rights. Major partners for this country programme will include children, service providers, policy and decision makers, the private sector, NGOs, media and the Turkish Committee for UNICEF. The EU will be a major partner as both a donor and a catalyst for reform in the areas of child rights. UNICEF will continue working with NGOs, particularly those with expertise in advocacy, social mobilization and monitoring and reporting on child rights issues. Children and adolescents will be integral as advocates of their own rights, sharing their knowledge and skills with their peers, and using their energies and ideas to promote change and influence policies.

44. Partnerships with the Child-Friendly Media Network will continue through the promotion of rights-based reporting. UNICEF will continue working with the private sector to improve children's health and education. Academic institutions will be important partners for research and evaluation. The country programme will be implemented as part of and in support to the UNDAF in partnership with other United Nations agencies. Joint programming on HIV/AIDS and gender will be continued through the United Nations theme groups.

**Monitoring, evaluation and programme management**

45. The following key indicators will be used to measure interim and final results: (a) the number of girls and boys completing eight years of primary education; (b) girls' school enrolment rates; (c) the number of out-of-school children aged 10-14 years completing primary education; (d) IMR and U5MR; (e) rates of exclusive breastfeeding, immunization and household consumption of iodized salt; (f) the percentage of mothers and fathers who know positive methods of discipline; (g) trends in biannual budget expenditure in the education, health and social services sectors; (h) the number of children in contact with the law deprived of their liberty and the proportion of children held in pre-remand for first offences; (i) the percentage of adolescents who can name at least three behaviours to protect themselves from HIV/AIDS; (j) the number of children living on the street; and (k) the number of rights complaints filed and processed.

46. Monitoring and evaluation activities will be coordinated through annual and five-year integrated monitoring and evaluation plans. UNICEF and UNDAF partners will monitor the achievement of the Millennium Development Goals through *DevInfo* and the results areas in the UNDAF.

47. Monitoring and evaluation will be central in achieving results for children. Key evaluations will cover the "catch-up" education programme, the ECD parenting programme and the child justice programme. A new DHS to be conducted in 2008 and the multiple indicator cluster survey to be conducted in 2006 will be used for

monitoring and analysing progress and changes for children. A mid-term review of the country programme will be carried out in 2008. A monitoring system for the NPA for children will also be developed.

48. Coordination of the new programme will be the responsibility of the Child Intersectoral Board, chaired by the Ministry of Health and composed of all government ministries and agencies concerned with children.

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**For action**

**United Nations Children's Fund**
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**Annual session 2005**
6-10 June 2005
Item 5 of the provisional agenda*

## Draft country programme document**

## Ukraine

*Summary*

The Executive Director presents the draft country programme document for Ukraine for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,775,000 from regular resources, subject to the availability of funds, and $7,520,000 in other resources, subject to the availability of specific purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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| *Basic data*† *(2003 unless otherwise stated)* | |
|---|---|
| Child population (millions, under 18 years) | 10.0 |
| U5MR (per 1,000 live births) | 19 |
| Underweight (%, moderate and severe, 2000) | 3 |
| Maternal mortality ratio (per 100,000 live births, 2004) | 13 |
| Primary school enrolment (% net, male/female, 2004/2005) | 89/87 |
| Primary schoolchildren reaching grade 5 (%, 2004) | 99 |
| Use of improved drinking water sources (%, 2002) | 98 |
| Adult HIV prevalence rate (%, end 2003) | 1.4 |
| Child work (%, children 5-14 year-olds) | .. |
| GNI per capita (US$) | 970 |
| One-year-olds immunized against DPT3 (%, age 12-15 months) | 97 |
| One-year-olds immunized against measles (%, age 12-15 months) | 99 |

† More comprehensive country data on children and women are available at www.unicef.org.

## The situation of children and women

1. Ukrainian Presidential elections in late 2004, accompanied by mass popular demonstrations, resulted in the inauguration of a new President in early 2005, shortly followed by the appointment of a new Government. The Government's programme, 'Towards the People', is centred on principles of justice, equity and democracy and offers a historic opportunity to place child rights at the forefront of the political agenda and ensure the well-being of Ukraine's children.

2. The last five years have seen a reversal of the economic decline of the previous decade with an increase in household income. According to 2002 household survey data, however, 17 per cent of the population in larger cities and 42 per cent in rural areas still live below the poverty line. The Common Country Assessment (CCA) found that poverty mostly affects families with many children, pensioners and single parent-headed households. Between 1990 and 2002, life expectancy fell from 66 to 62.4 years for men and from 75 to 73.6 years for women.

3. Since independence, Ukraine has achieved significant progress in establishing a market economy. However, government budgetary allocations for all social sectors are extremely limited, with a total budget of $660,000 for children's social protection in 2005. Unequal distribution of social benefits results in a smaller share of assistance being allocated to families in greatest need. The total government budget deficit for 2005 of $1.6 billion compounds the critical situation facing financing of social services.

4. Ukraine ratified the Convention on the Rights of the Child in 1991 and submitted its first report to the Committee on the Rights of the Child in 1993. In considering Ukraine's second report in 2002, the Committee regretted the lack of action taken on its previous recommendations to develop a monitoring system and evaluate progress in the implementing the Convention. The National Programme 'Children in Ukraine' was developed within the broad framework of the Convention in 1996. However, the absence of a time-bound and measurable strategy has not

allowed for the effective implementation of the Convention. A new national plan of action (NPA) for children is being developed, based on *A World Fit for Children*.

5. Infant and child mortality rates are amongst the lowest in the region, but the health of children and adolescents continues to deteriorate. High morbidity is attributable to a combination of factors including the rise in adolescent tuberculosis, drug and alcohol abuse and increased risk-taking behaviour. Access to care by the most economically disadvantaged is jeopardized by unofficial charges for health services. The after-effects of the Chernobyl nuclear disaster continue to seriously affect the lives of children.

6. Immunization coverage rates have consistently remained over 95 per cent for all antigens of the expanded programme on immunization. Iodine deficiency disorders (IDD) continue to be a nationwide public health problem; natural iodine is lacking in the soil in large areas of Ukraine and only an estimated 31 per cent of the population consume iodized salt.

7. Ukraine stands on the threshold of a nationwide HIV/AIDS epidemic. An estimated 360,000 people are living with HIV, though only some 75,000 infections are registered. Approximately 80 per cent of those infected with HIV are under the age of 30 and the spread of HIV is being driven primarily by injecting drug use. In 2004, approximately 40 per cent of all HIV infections were in women, 60 per cent of them under 25 years of age, while in 1997 women comprised only 11 per cent of those infected.

8. The number of HIV-infected pregnant women has increased five-fold in the last four years. The rate of transmission of HIV from mother to child, however, was reduced from 27 to 10 per cent between 2000 and 2003. To date, 8,325 children have been born to HIV-positive mothers; of these, approximately 3,000 are under 18 months old and awaiting confirmation of their HIV status. Eighty per cent of HIV-positive children are living with their families; 20 per cent are abandoned to the State and a number of them are growing up in hospitals. Care and treatment for children and families affected by HIV/AIDS are lacking; there are no national standards of care and psychosocial support for HIV-affected children, including orphans. Insufficient knowledge about HIV/AIDS contributes to fear, discrimination and stigmatization of HIV-positive children and leads to the infringement of their rights.

9. Progress in reforming the system of institutionalization of children is slow, as is the provision of alternative care. More than 96,000 children are registered as orphans and deprived of parental care. Some 62,000 children are living in boarding schools, orphanages and shelters, an increase of 71 per cent since 1995. Domestic violence is the major reason reported by children for their leaving home. At the same time, the absence of a prevention-oriented juvenile justice system has contributed to further institutionalization of children. Some 2,800 children were confined in correctional institutions in 2003, a 7-per-cent increase over 2001. In 2002, the Committee on the Rights of the Child indicated particular concern regarding the absence of juvenile courts and judges and the limited number of legal professionals, social workers and community educators, despite legal provisions for them.

10. Ukraine is a source country for trafficking in human beings. The full extent of the problem is unknown, but available data indicate that the majority of those

trafficked are women aged 22-27 years, an increasing number are minors and many are from low-income households with a low level of education. The trafficking of children is largely for illegal adoption, prostitution or production of pornography.

11. Ukraine stands at a crossroads that offers major opportunities for policy and socio-economic reforms that could address disparities, promote equity and inclusion of marginalized and disadvantaged groups, and give priority to children.

## Key results and lessons learned from previous cooperation, 2003-2005

### Key results achieved

12. The main goals of the 2003-2005 country programme centred on early child development, with a focus on the achievement of universal salt iodization and infant nutrition, HIV/AIDS and young peoples' health and development, and child protection. The Government's extended annual review of the programme endorsed its current direction and recommended a stronger thrust on child protection, with more focus on children in institutions.

13. The first National Programme on the Prevention of Mother-to-Child Transmission (PMTCT) of HIV for 2001-2003 was supported by UNICEF, with assistance from the Swedish International Development Authority (Sida) and the United Kingdom Committee for UNICEF. It resulted in the reduction of HIV transmission to infants to 10 per cent in 2003 and prevented infection in 600 infants. Significant progress has been made in the integration of PMTCT interventions into maternal and child health (MCH) services. This is now being expanded for country wide implementation. The Ukraine PMTCT programme is a best practice model for experience exchange in the region. In 2003, the World Health Organization (WHO) and other partners assisted the Government to review the programme, which led to the adoption of an intersectoral approach in the PMTCT programme for 2005-2011.

14. Decentralization of the "baby-friendly" hospital assessment process and training to regional centres resulted in the number of hospitals certified as "baby friendly" increasing from 4 in 2001 to 42 in 2004. The number of births taking place in "baby-friendly" hospitals increased from under 3 per cent of newborns in 2001 to 19 per cent in 2004. With support from UNICEF and John Snow International, new national standards for the re-assessment of "baby-friendly" hospitals were introduced in 2004, covering a wider range of interventions and providing the basis for the transition from the "baby-friendly" concept to a "family-friendly" approach in MCH services.

15. Immunization of infants against hepatitis B was launched in 2003 and safe injection equipment introduced in the childhood immunization programme, with funds provided by the Global Alliance for Vaccines and Immunization (GAVI) and technical assistance from UNICEF and the Program for Appropriate Technology in Health. By 2004, 92 per cent of infants had been immunized against the disease.

### Lessons learned

16. The supply of iodized salt in 2004 doubled over that of 2003 and salt producers have been supported with salt testing and the monitoring and marketing of iodized salt. Yet less than one third of households consume iodized salt. In order

to reach 90-per-cent use of iodized salt by all households, a comprehensive multisectoral approach to salt iodization is needed, including legislation on universal salt iodization and creation of a regulatory system, combined with intensive mass communication.

17. As part of the national HIV/AIDS strategy, 14 counselling points for young injecting drug users (IDUs) were established in 10 cities. Based on these models, the Government has set up a further 24 counselling points and included prevention work with young IDUs in the national plan of action of the Social Services for Youth. These models informed the government response to HIV/AIDS prevention among IDUs, previously undertaken by non-governmental organizations (NGOs), and have helped to bring new partnerships into place. This has demonstrated that evidence-based models with positive outputs are particularly important in working with hard-to-reach and highly vulnerable groups and can go to scale as part of national programmes.

## The country programme, 2006-2010

### Summary budget table

| | *(In thousands of United States dollars)* | | |
|---|---|---|---|
| *Programme* | *Regular resources* | *Other resources* | *Total* |
| Advocacy, information and social policy | 1 050 | 1 020 | 2 070 |
| HIV/AIDS, children and youth | 800 | 3 000 | 3 800 |
| Child protection | 1 200 | 1 750 | 2 950 |
| Child health and development | 1 000 | 1 750 | 2 750 |
| Cross-sectoral costs | 725 | -- | 725 |
| **Total** | **4 775** | **7 520** | **12 295** |

### Preparation process

18. The new country programme is based on the CCA and the United Nations Development Assistance Framework (UNDAF). All United Nations agencies in Ukraine participated in both processes with five thematic groups collaborating closely with the Government and NGOs. The CCA was validated by the Government in 2004. The UNDAF is still to be signed by the Government.

19. A country strategy paper prepared in late 2004 reaffirmed the need to prioritize activities, create synergies and build partnerships. Based on further discussions, the draft country programme document was developed in consultation with the Government, NGOs, donors and other United Nations agencies.

### Goals, key results and strategies

20. The overall goal of the country programme, in line with the UNDAF, will be to improve the health and development of children and youth, and ensure their participation and protection in an enabling environment where the rights of women are also respected and fulfilled. The approach will be rights-based and prioritize actions for the most vulnerable and disadvantaged children and youth.

21. The programme will contribute to the achievement of the following key results: (a) the development and adoption of policies, standards and norms that are supportive of children's rights; (b) 90 per cent of young people will know how to protect themselves from HIV/AIDS; (c) the rate of mother-to-child transmission of HIV will reduced below 5 per cent; (d) all HIV-positive children are to have access to antiretroviral (ARV) therapy; (e) systems will be in place to reduce violence and abuse of children; (f) a preventive and reintegration-oriented juvenile justice system will be in place; (g) the majority of children will be born in "baby-friendly" facilities; (h) most parents of young children will have increased knowledge of child development; and (i) IDD will be eliminated.

22. Strategies will include the development and implementation of child-centred policies and practices, and empowering families and young people to make informed choices and encourage attitudinal and behavioural change. Support will be provided to national and local government authorities to test innovative approaches in order to provide best practice models for replication. Partnerships will be developed with civil society, media, the private sector and international organizations. Many activities will be implemented nationwide. Specific geographical areas will be identified with the Government for best practice models and other interventions to address the needs of disadvantaged and socially excluded groups.

**Relationship to national priorities and the UNDAF**

23. The Government has adopted six Millennium Development Goals that are specific to Ukraine: poverty reduction; quality, life-long education; sustainable environmental development; improved maternal health and reduced child mortality; halting the spread of HIV/AIDS and tuberculosis; and gender equality. The country programme contributes directly to the achievement of several of these goals.

24. The UNDAF details four broad cooperation areas: health and basic social services; civil society empowerment; institutional reform; and poverty alleviation. UNICEF will contribute to these outcomes, and has a specific lead role in child- and youth-centred activities.

**Relationship to international priorities**

25. The country programme will primarily address three of the five priorities of the UNICEF medium-term strategic plan: early childhood development, child protection, and fighting HIV and AIDS. With high immunization coverage achieved, and girls' attendance in both primary and secondary school high and on a par with that of boys, the UNICEF role in these areas will centre on monitoring. Ukraine is one of the countries selected for the six-year UNICEF Global Campaign on Children and AIDS.

26. The country programme structure is closely linked to the goals of *A World Fit for Children*, the Millennium Declaration and the Millennium Development Goals, specifically contributing to the reduction of child mortality, improving maternal health, combating HIV/AIDS, protecting the vulnerable, promoting gender equality and empowering women, and developing a global partnership.

## Programme components

### Advocacy, information and social policy

27. The Government has developed a number of national programmes to benefit children. However, existing national policies related to child rights are often not supported by regulations, practices and budgetary allocations. There is also a lack of sufficient knowledge and data in specific areas to effectively address children's needs.

28. The NPA for children provides a new impetus for child rights to be given high priority by the Government and civil society. Monitoring of child rights and informing policy-making will be assisted through the use of socio-economic analysis based on national data and using national and international experience. The introduction of the *DevInfo* system will facilitate documentation, mapping and identification of disadvantaged populations, and provide a powerful tool for analysis of disparities and for better responding to the needs of disadvantaged families. This information will assist the Government to factor in children's priorities when designing and implementing new economic development plans, so as to ensure that children benefit more directly from the economic and social policy reform agenda and economic growth.

29. Support will be provided for the adoption and implementation of policies and model practices to protect children and youth and ensure their participation in decisions affecting them. Special focus will be placed on children in institutions and HIV-positive children. The situation of children affected by the Chernobyl nuclear disaster will be assessed and monitored. To prevent trafficking in children, support will be provided to policy development and information and advocacy campaigns. The concept of "child-friendly" social services and cities will be promoted.

30. The creation of a mass media partnership for children will be supported, and an extensive programme on child rights reporting for the media will be developed. National regulations on media reporting that protect children's rights will be strengthened.

31. A national child rights monitoring system will be established to support the NPA for children. Building on *DevInfo*, a knowledge base will be created as a repository for information on the situation of children. To give a voice to children both at the local level and through the media, child advisory councils will be established by local authorities, and national television and radio channels will be encouraged to regularly broadcast programmes on child rights.

32. The main government partner will be the Ministry of Youth and Sport, working in cooperation with local governments. UNICEF, together with civil society organizations, will support the Government in the development and implementation of the NPA and utilize its global experience in the implementation of a social policy agenda. The National Council on Radio and Television and the Union of Journalists will be supported in building a media partnership for children.

### HIV/AIDS, children and youth

33. There are an estimated 560,000 IDUs who continue to constitute the majority of HIV-infected people. There are no national standards for the care and support for HIV-positive children and most kindergartens and schools exclude them. To date,

only 1,052 people, including 115 children, are being treated with ARV medicines, although an estimated 10,000 to 15,000 HIV-positive people require ARV treatment.

34. By the end of 2010, 90 per cent of young people will have knowledge to protect themselves from HIV and 90 per cent of schools will systematically provide life skills-based education. The rate of mother-to-child transmission of HIV will be reduced to less than 5 per cent. HIV-positive mothers and all HIV-positive children will have access to ARVs and be provided medical, social and psychological support. Policies that ensure the rights of children living with HIV to family life, education, inheritance and property will be developed and implemented.

35. Prevention of HIV infection among young people remains a priority and UNICEF will continue to support life skills-based education both in schools and in out-of-school settings. Capacity-building to expand "youth-friendly" health services will continue. Activities to prevent the initiation of injecting drug use among young people will be developed in four regions. Prevention programmes that focus particularly on young people and children with high vulnerability to HIV infection will be supported. Awareness-raising campaigns will be implemented to increase knowledge among youth and children. Young people will be engaged as creators and disseminators of HIV/AIDS information using peer-centred methodologies. Through the provision of information, women and girls will be better placed to protect themselves from HIV.

36. The PMTCT programme will expand access to voluntary counselling and testing, advocate for the provision of ARV treatment, improve antenatal care and strengthen community support for HIV-positive women and their partners. Alliances will be built with NGOs to provide interventions for women not covered by health services, especially IDUs and those from marginalized groups.

37. National policy and regulations to protect the rights of children living with HIV/AIDS will be developed in concert with the Government. Dialogue with communities will be promoted and the interpersonal skills of educators and health workers will be strengthened to ensure that HIV-positive children are not discriminated against. UNICEF will support the development of a package of essential care and support services.

38. Government ministries and local authorities will be major partners. Other partners are the Joint United Nations Programme on HIV/AIDS (UNAIDS); the United Nations Population Fund (UNFPA) and the World Bank on PMTCT; UNFPA and WHO on the improvement of health care services; the United Kingdom Department for International Development (DFID) and the United States Agency for International Development (USAID) and on orphans and vulnerable children living with HIV; and the Global Fund to fight AIDS, Tuberculosis and Malaria in the improvement and scaling up of treatment, care and support for people living with HIV/AIDS.

**Child protection**

39. Existing laws on children's rights lack the regulatory instruments to translate them into action and violations of children's rights in institutions and juvenile prisons continue to be widespread. The Committee on the Rights of the Child recommended that Ukraine ensure full implementation of juvenile justice standards with assistance from international agencies including UNICEF.

40. The priorities of this programme will be to protect children from widespread domestic and institutional violence and abuse, to de-institutionalize children while providing a protective environment for those in state care, and to develop a restorative justice system specifically applicable to children.

41. Existing legislation and policies that protect children from violence and abuse will be reviewed and strengthened. Greater awareness among the public on the prevalence and causes of violence against children will complement adoption and enforcement of standards within such state institutions as schools and residential care.

42. Through public awareness campaigns, attitudes in favour of an environment that is supportive of families and of family care as an alternative to the institutionalization of children will be promoted. Similar campaigns will aim to protect the rights of children in domestic situations and state institutions. Institutionalized children will start to be integrated into society as children are increasingly placed in family types of care or in smaller institutions linked to communities. Children who remain in institutions will have access to quality education and social services.

43. A juvenile justice system that protects children's rights and promotes their reintegration will be established through reforming legislation and training of legal personnel and social workers.

44. Partners will include the Ministries of Justice and of Youth and Sport; the legislative and judicial branches of government; community-based organizations; self-governance associations; parliamentary bodies; specialized national and international NGOs; the Canadian International Development Agency (CIDA) and Sida on juvenile justice; and the European Commission on child care reform.

**Child health and development**

45. Almost all women give birth in health facilities, yet exclusive breastfeeding is rare and infant formula is widely promoted. Policies and guidelines as well as practices of parents and health-care workers related to infant and young child feeding are poor. Over 90 per cent of parents of young children wish to receive counselling on child care, yet there is no system in place for its provision. Some 80 per cent of newborns in Ukraine are still at risk of iodine deficiency.

46. The programme will contribute to a reduction in maternal and infant morbidity and mortality, with significant improvements in the health of the majority of newborns. The WHO live birth definition will be introduced into the national infant mortality registration system. Parent training will be integrated into the existing MCH system. The introduction of "family-friendly" MCH practices and parent training will contribute to prevention of early abandonment of children, with links established with the child protection system and PMTCT activities.

47. In order to decrease newborn and infant mortality and morbidity, MCH policies and practices will be reformed in line with WHO/UNICEF recommendations and a "family-friendly" approach will be adopted to complement the continued support for "baby-friendly" MCH facilities.

48. To eliminate iodine deficiencies, UNICEF will continue high-level advocacy for the implementation and enforcement of legislation on universal salt iodization.

An effective system for monitoring iodized salt will be established, and the marketing of iodized salt will be strengthened. Other micronutrient deficiencies will also be addressed.

49. While coverage will be national, special attention will be paid to children living in rural areas and disadvantaged communities. Activities on infant and young child nutrition will concentrate in four selected regions in order to establish best practice models. Reference sites for young child development activities in selected regions will develop and pre-test standards, guidelines and monitoring tools.

50. The main partners will be the national Government and its regional networks, especially the Ministries of Health, of Youth and Sport and of Education and Science. Support by UNICEF complements that of WHO, UNFPA and John Snow International in reproductive health; American International Health Alliance activities in family health care; the Future Group's activities on health care policies; and the Swiss Centre for International Health's efforts to improve MCH services. Child development activities will complement support for education reform by the United Nations Development Fund (UNDP) and will be implemented in partnership with civil society organizations. Cooperation with local government and strengthening the capacity of local communities will be an integral part of programme activities. Collaboration with GAVI will continue up to 2007.

51. **Cross-sectoral costs** will cover basic operational costs for support staff and technical assistance in the area of supply, procurement, general logistics and staff security.

**Major partnerships**

52. The proposed country programme demands strong partnerships at national, regional and international levels that will include government, civil society, NGOs and the private sector. The Ministry of Youth and Sport will continue to coordinate cooperation between UNICEF and the Government. Other government partners will include the Ministries of Health, Education and Science, Labour and Social Policy, and Justice.

53. UNICEF will enhance its cooperation with the Parliament and its specialized committees to ensure that adequate attention is paid to the development of legislation to protect children's and women's rights. Partnerships with local government, communities and families will be actively promoted in order to strengthen their participation in and ownership of new social models and services that provide a platform for scaling-up to the national level.

54. The CCA/UNDAF process has laid the foundation for close cooperation with other United Nations agencies in the areas of health (UNDP, UNFPA, UNAIDS, WHO); and trafficking and violence prevention (the International Labour Organization, the International Organization for Migration, the Organisation for Security and Cooperation in Europe, WHO). Other major partners will include bilateral and multilateral donors (CIDA, Development Cooperation Ireland, DFID, Sida, USAID and others), the European Union, the World Bank, the Global Fund, National Committees for UNICEF and national and international NGOs.

**Monitoring, evaluation and programme management**

55. The country programme results matrix will be the main instrument to monitor with government counterparts progress towards strategic results and improve results-based management. Key indicators will include infant, child and maternal mortality rates; the rate of household use of iodized salt; the rate of mother-to-child transmission of HIV; the number of HIV-positive children receiving ARV therapy; rates of young people's access to information on HIV prevention; and the proportion of children in institutions compared with those in family type care.

56. A five-year integrated monitoring and evaluation plan will include evaluations on infant and young child feeding, the PMTCT programme and rehabilitation of children deprived of parental care. An end-of-programme evaluation of the UNDAF will be conducted, and annual programme reviews and a mid-term country programme review in 2008 will be used to take corrective action in the direction of the programme. The *DevInfo* system, supplemented by national and subnational data from the State Statistics Committee and other government agencies, and a multiple indicator cluster survey in 2009, will be employed to monitor progress towards the Government's goals.

57. The implementation of the country programme will be coordinated with the Ministry of Youth and Sport and the various ministries mentioned above. The UNICEF representative, supported by a country management team, will provide overall leadership and coordination for the effective and efficient implementation of the programme.

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# Economic and Social Council

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**For action**

**United Nations Children's Fund**
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6-10 June 2005
Item 5 of the provisional agenda*

## Draft area programme document**

## Palestinian children and women in Jordan, Lebanon, the Syrian Arab Republic and the Occupied Palestinian Territory

*Summary*

The Executive Director presents the draft area country programme document for the Palestinian children and women for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,000,000 from regular resources, subject to the availability of funds, and $24,240,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006-2007.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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*Basic data*†
*(2003 unless otherwise stated)*

| | *Occupied Palestinian Territory* | *Palestinians living in the Syrian Arab Republic* | *Palestinians living in Lebanon* | *Palestinians living in Jordan* |
|---|---|---|---|---|
| Child population (millions, under 18 years) | 1.9 | 0.2[c] | 0.2[c] | 0.7[c] |
| U5MR (per 1,000 live births) | 24 | 27[c] | 37 | 28* |
| Underweight (%, moderate and severe) | 4[b] | 7*[c] | 4 | 4*[b] |
| Maternal mortality ratio (per 100,000 live births) | 100[d] | 65*[f] | 150*[d] | 41** |
| Primary school attendance/enrolment (% | 91/92[c] | | 97/96*[c] | 89/90*[b] |
| net, male/female) | 95/95[g] | 100/95*[g] | 90/98*[g] | 91/92*[g] |
| Primary school children reaching grade 5 (%) | 98[e] | 92*[e] | 86 | 98*[b] |
| Use of improved drinking water sources (%) | 94[h] | 95** | 70 | 99** |
| Adult HIV prevalence rate (%) | .. | <0.2 | 0.3 | .. |
| Child work (% children 5-14 years old) | .. | 8 | 6* | .. |
| GNI per capita (US$) | 1 110 | 1 160* | 4 040* | 1 850* |
| One-year-olds immunized against DPT3 (%) | 98 | 99 | 92* | 97* |
| One-year-olds immunized against measles (%) | 99 | 99 | 96* | 96* |

† More comprehensive country data on children and women are available at www.unicef.org.
Compiled from various official and UN sources.
* Denotes host-country data.
** UNRWA camp facilities only.
[a] 1995-96.
[b] 1998-99.
[c] 2000.
[d] WHO/UNICEF 2000 adjusted estimate.
[e] 2000-01.
[f] 2001.
[g] 2001-02.
[h] 2002.

## Situation of children and women

1. The majority of Palestinian children and women — whether living in the Occupied Palestinian Territory or in Jordan, the Syrian Arab Republic or Lebanon — continue to suffer from the problems associated with realizing the rights to survival, development, protection and participation. In the Occupied Palestinian Territory, they experience rising trends in infant and maternal mortality, decreasing access to education and increasing signs of psychosocial distress.

2. Ongoing violence in Gaza and the West Bank, combined with the negative effects of barriers and closures, severely limits freedom of movement and opportunities for holding jobs and accessing health, education and other basic services. Outside the Occupied Palestinian Territory, refugees face significant challenges.

3. Recent surveys in the Occupied Palestinian Territory found that 32 per cent of Palestinian students have seen their schools surrounded by military forces, and 51 per cent admitted to using physical violence against their schoolmates. In addition,

44 per cent of teachers resorted to physical punishment of students, and 56 per cent of parents applied physical punishment to their children. In 2004, 153 Palestinian children were killed and well over 3,000 injured, and these figures represent an increase of 25 per cent and 50 per cent, respectively, over 2003. Overall, since September 2000, more than 685 Palestinian children have been killed as a result of the conflict. A baseline survey undertaken in two unofficial camps in Jordan also indicated use of violence and aggressive behaviour among parents and adolescents.

4. The basic cause of poverty in the Occupied Palestinian Territory is the enduring occupation and conflict. Until these circumstances change, interventions shall focus primarily on preventing a worsening of all basic indicators, mitigating the impact of violence and strengthening development capacity.

5. Health indicators in Gaza for both the infant mortality and under-five mortality rates were markedly below national averages and have worsened over the last four years, with mortality rates increasing by 30-35 per cent. Overall, about 2,500 Palestinian children are dying every year, mainly from premature or underweight birth, respiratory infections, or congenital malformations. A trend towards increased stunting (which progressed from 7.2 per cent in 1996 to 9.4 per cent in 2004) reflects growing levels of poverty and malnutrition. The findings of a serosurvey conducted during the last quarter of 2003 revealed that although more than 90 per cent of children under five had received measles vaccinations (two inoculations), less than two thirds have acquired immunity protecting them from the disease. This may be attributable to the exposures and delays of vaccine deliveries at checkpoints. Severe overcrowding in some squatter areas near refugee camps has contributed to a deterioration of the infrastructure, further endangering children's health.

6. Schools in the Occupied Palestinian Territory are frequently beset by violence and closures. Last year, nearly 200,000 children had their education disrupted, and many are now taught at home or in makeshift classrooms. These factors have contributed to a sharp decline in the quality of education.

7. Palestinian children are showing increasing signs of psychosocial distress, manifested in aggressive behaviour, low school achievement, nightmares and bedwetting. These signs of distress were most evident in the Gaza Strip, in refugee camps, and among the poorest children.

8. Recent elections in the West Bank and Gaza and the subsequent improved political dialogue with Israel offer a glimmer of hope. UNICEF will seize this opportunity to extend assistance to the Palestinian Authority for capacity-building for the creation of structures and systems needed to fulfil the rights of all children.

## Key results and lessons learned from previous cooperation, 2004-2005

The current programme began in 2004. The results below are based on one-year implementation.

### Key results achieved

9. In the Occupied Palestinian Territory, nine emergency teams provided support to more than 5,000 children and 12,000 caregivers affected by violence in Gaza and

the West Bank. The teams, made up of social workers and psychologists working for Government Ministries, were immediately mobilized after the occurrence of violent events to provide individual and group counselling to children and parents.

10. All children in the Occupied Palestinian Territory now have access to legal aid through UNICEF and other partners.

11. A sustained immunization coverage rate of over 90 per cent for children in the programme area was achieved. The adoption of a national policy on flour fortification was substantially advanced in the Occupied Palestinian Territory, and children and women of childbearing age received micronutrient supplementation in areas where malnutrition is rising. In the Occupied Palestinian Territory, training of staff from the Ministry of Health in the provision of quality immunization and maternal and child health services was implemented in all 15 districts, while training in the Integrated Management of Childhood Illness (IMCI) took place in 10 districts.

12. A remedial education initiative allowed 90,000 children to continue their learning, despite regular conflict-related interruptions. During military incursions in the Gaza Strip, 40,000 children received worksheets, school bags and other materials enabling them to continue their schooling. The provision of 397 school-in-a-box kits helped some 40,000 additional children to continue their education.

13. Life skills training was given to 750 school teachers and 450 principals. As a result, teachers were able to provide some 3,000 students with information and practical skills for dealing with stress, conflict management, aggression and tolerance. Life skills lessons were integrated in the new Palestinian curriculum for fifth grade civic education. Meetings with parents on this new curriculum were held in 50 schools. In Jordan, 200 adolescents were trained to facilitate life skills training among peers.

14. Adolescent participation was a key focus of work in the Syrian Arab Republic, Lebanon and Jordan, where Palestinian children and adolescents were included in local development committees. The young people revealed a strong will to make a meaningful contribution to community life. In the Occupied Palestinian Territory, eight locations began a Child-Friendly Cities Initiative giving over 90,000 children and adolescents access to recreational and participation opportunities through sports, safe play areas and Children's Municipal Councils. The Councils, comprising adolescents democratically elected in their schools to represent children in their municipality, were established in six cities. The Councils were created as a way to widen the limited opportunities available for children to participate in municipal planning, to have access to safe play areas and to socialize with their peers. In Lebanon, UNICEF focused on adolescent rights and undertook micro-credit programmes for Palestinian women living in camps to help boost household incomes.

15. Efforts to improve the situation of women and children in Jordan focused on two large informal camps that are not under the auspices of the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). In the camps, Area Local Committees were established to strengthen women's empowerment and local leadership, and 530 parents received training in early childhood development.

16. Baseline data on knowledge of HIV/AIDS prevention among young Palestinians was collected. Key messages on HIV/AIDS were integrated into the national tenth grade curriculum in the Occupied Palestinian Territory, and a pilot project using a peer-to-peer approach was implemented in preparation for scaling up in the country programme cycle 2006-2007. In the Syrian Arab Republic, UNICEF conducted awareness-raising seminars on HIV prevention for local communities in almost all camps and supported UNRWA training for 100 school teachers who will discuss HIV/AIDS with students.

**Lessons learned**

17. The Children's Municipal Councils have proven to be a useful instrument for prioritizing children's concerns regarding municipal agendas. Additional advocacy and capacity-building efforts are needed to scale up the experience with Councils and include them in all municipal planning and budgeting.

18. In Lebanon, the micro-credit scheme that UNICEF undertook for Palestinian women living in camps has been effective in helping boost household incomes in the programme areas.

19. The Syrian Arab Republic initiated special training for UNRWA school directors, supervisors and teachers on the Convention on the Rights of the Child. By the end of 2004, 240 people had been trained in how to present and discuss the Convention with students during classes and other school activities. As a result, students are now expressing themselves better and participate more actively in class activities. The success of the training was due in part to the conscious decision to present the Convention in a culturally sensitive way, so as not to conflict with traditional Palestinian family norms and values.

20. In Jordan, the decision to focus the programmatic thrust on two unofficial refugee camps, and the strong partnerships forged in this process, have enabled UNICEF to reach the most disadvantaged Palestinian children, to improve coordination with UNRWA, and to enhance the sustainability of results in basic services.

## The programme of cooperation, 2006-2007

### Summary budget table

(In thousands of United States dollars)

| *Programme* | *Regular resources* | *Other resources* | *Total* |
|---|---|---|---|
| Child survival, growth and development | 1 010 | 6 800 | 7 810 |
| Universal primary education | 580 | 6 060 | 6 640 |
| Child protection | 480 | 2 430 | 2 910 |
| Development and participation of adolescents | 540 | 4 280 | 4 820 |
| Advocacy, communication, social policy planning, monitoring and evaluation | 760 | 2 980 | 3 740 |
| Cross-sectoral costs | 630 | 1 690 | 2 320 |
| **Total** | **4 000** | **24 240** | **28 240** |

## Preparation process

21. Close consultations were held among all stakeholders, governments, UNICEF and other partners, including UNRWA and other United Nations agencies. Participatory meetings were held with lead counterparts, non-governmental organizations (NGOs), community-based organizations and donors. Representatives of Children's Municipal Councils and members of Adolescent and Youth Clubs also participated.

22. The preparatory process also built on lessons learned from the annual and midterm reviews of the 2004-2005 Programme, carried out separately in the Occupied Palestinian Territory and each of the three countries, as well as from a joint midterm review of the area programme, held in December 2004 and February 2005 in Amman, which aimed to identify key problems facing Palestinian children and to explore future directions for the programme.

## Goals, key results and strategies

23. The 2006-2007 area programme adopts a four-pronged approach to achieving its goal of contributing towards the realization of the rights of Palestinian children to survival, development, protection and participation. The programme is designed to build the capacity of local and national duty-bearers to develop policies and to deliver required services as well as to strengthen the capacity of rights-holders to enjoy their rights. The programme supports national-level interventions as well as selected specific-area interventions where serious disparities have been identified. Some components of this approach will be implemented area-wide, while others will remain specific to the Occupied Palestinian Territory and the three countries. The programme is designed to be flexible and adaptable to the prevailing operational conditions.

24. By the end of 2007, the key results to be achieved by the programme will include:

(a) an improved knowledge base on children and a system established with core indicators for monitoring and analysis of key factors undermining children's and women's rights;

(b) appropriate policies, social sector plans, strategies and budgets in place for an improved protective environment for all children against violence, abuse and being deprived of primary caregivers;

(c) improved mechanisms and services adopted to detect, support and refer children who are victims of abuse, exploitation and violence;

(d) at least 50 per cent of children under five will have access to early childhood development services, focusing on health and early learning;

(e) malnutrition due to inappropriate breastfeeding and complementary feeding practices and micronutrient deficiencies will be reduced by 30 per cent;

(f) all school-aged children will have access to primary education;

(g) access of children and adolescents to a gender-sensitive, life skills education will increase by 30 per cent;

(h) official policies that enhance development, protection and participation of adolescents will be adopted and will be in the process of implementation;

(i) opportunities for adolescent participation, recreation, socialization and sports will be expanded to encompass 10,000 children and adolescents, with sports opportunities provided to at least 50 per cent of girls.

25. In order to achieve these results, the programme of cooperation will adopt the following strategies:

(a) *Delivery of basic services* including health and education in selected areas of the Occupied Palestinian Territory and the three countries. A sustainable integrated approach will address the needs of women, children and young people. Best practices will be used on a larger scale and for resources mobilization.

(b) *Capacity-building* at all levels for programme management, including greater accountability in order to increase the efficiency and effectiveness of the programme and to promote community participation and family empowerment. The capacity of communities to seek information and to make decisions will be strengthened in order to raise demand for quality services. At the national level, this strategy will greatly contribute towards producing policies on early childhood development, the adoption of a national policy on flour fortification and exclusive breastfeeding practices as well as towards improving the health information system.

(c) *Social mobilization* and communication for behaviour change is the third prong of the programme strategy. This will promote family and community knowledge and key practices for child survival, development and participation.

(d) *Partnership and coordination* is essential to achieve lasting results, leverage resources, share information, including best practices, and avoid overlapping. The programme will encourage collaboration with members of civil society who are active in the areas of child protection, health, education, HIV/AIDS prevention and youth, as well as with United Nations agencies and the private sector in order to rationalize the use of the limited resources and avoid duplication. This strategy will reinforce the existing good working relationships in the United Nations family aimed at establishing a common development framework that tackles national priorities.

**Relationship with national priorities and UNDAF**

26. For the Occupied Palestinian Territory, the area programme is consistent with national goals expressed in the Seven-Year National Plan of Action for Palestinian Children and the 2005-2007 Medium-Term Development Plan, reflecting the Palestinian Authority's commitment to the Millennium Development Goals and the goals of *A World Fit for Children*. The new Palestinian Child Rights Law, adopted in January 2005, and the development of a National Youth Policy, expected to be completed before the end of 2005, will further guide programme implementation.

27. The Syrian Arab Republic, Lebanon and Jordan are aligning their interventions for Palestinian refugee children with the country Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF). Although in the Occupied Palestinian Territory, no CCA/UNDAF is currently in place, momentum is building for its development. The United Nations Population Fund (UNFPA), UNICEF and the World Food Programme (WFP) have consolidated

a common situation analysis for the current programming year. The United Nations group is to convene in the second quarter of 2005 to discuss a common desk assessment of West Bank and Gaza, which will draw on existing information resources and monitoring mechanisms on the ground and be conducted in cooperation with the Palestinian Authority and other partners.

**Relationship to international priorities**

28. The programme is directly in line with the Millennium Development Goals and the medium-term strategic plan of UNICEF. The programme contributes to the Goals of expanding primary education, reducing child mortality, and combating HIV/AIDS, as well as making progress towards the child rights objectives articulated in the Millennium Declaration and the Convention on the Rights of the Child.

**Programme components**

29. The programme consists of five components: child survival and development; promotion of universal education; young people's participation; child protection issues within the deteriorating environment; and advocacy and monitoring of children's rights.

30. **Child survival, growth and development.** The programme seeks to reduce child mortality and to ensure that children enjoy the highest attainable standards of health and development. The strategies to achieve these results include capacity-building, service delivery, community participation and advocacy with high-level duty-bearers to place children's health high on the social agenda.

31. The area programme will focus on expanding the coverage, utilization of quality and decentralized health interventions, preventing further deterioration of children's health, and reversing the negative trends in children's nutritional status. The main programme interventions will provide intensive training to providers of health services in the areas of child and newborn health and will support the reinforcement of the management capacity of health services at all levels. The programme will provide access to services for the most vulnerable Palestinian households and children. Other key interventions include technical assistance; training of primary health-care staff in IMCI, including an outreach component of family education; providing information management in areas key to infant and child health; and research, communication and social mobilization aimed at improving overall knowledge and practices among parents in child survival and development. The programme will work at the family/community level, carrying out Better Parenting initiatives in order to encourage behaviour change among parents and caregivers.

32. UNICEF will meet the needs for vaccines, vaccines security, essential drugs and micronutrients. With UNICEF support, the programme will lead at the national level to the adoption of an improved national policy on early childhood development.

33. The Ministry of Health will be the key partner for day-to-day implementation in the Occupied Palestinian Territory. Initiatives for the rest of the area will be undertaken in collaboration with UNRWA, the General Administration for Palestinian Arab Refugees in the Syrian Arab Republic, and the Department of

Palestinian Affairs in Jordan. Improvements in information management on child health will involve work with both the Secretariat and the Ministry of Health. The World Health Organization (WHO), UNFPA and WFP are other key partners in the health and nutrition sectors.

34. **Universal primary education.** The programme seeks to ensure that children's right to education is recognized and fulfilled by key duty-bearers, with this effort contributing towards universal primary education.

35. In the Occupied Palestinian Territory, the programme will improve educational access and learning achievement through comprehensive efforts in capacity-building for managing education information. The programme will also promote demand for education services by strengthening relationships between schools, families and communities, and improve school and classroom environments. The programme will improve educational management by strengthening the capacity of the education management information system (EMIS) personnel to document and analyse data on school enrolment and performance. It will reinforce the capacity of educational planners in the use of EMIS data for national and local planning and monitoring, and the capacity of school personnel for accurate record-keeping.

36. For the youngest children, the programme will work with education authorities to develop a framework addressing basic education and early childhood development. This, in turn, will lead to the formulation and updating of policies, strategies and tools to improve school readiness, in part by providing pre-school facilities for at least half of all children and training programmes for pre-school and primary school teachers.

37. In the Occupied Palestinian Territory, the Ministry of Education will be the key partner along with UNRWA, which is responsible for the education of nearly one third of all children within the Occupied Palestinian Territory and for most of the children in refugee families. The United Nations Educational, Scientific and Cultural Organization also plays a major role in the education sector, as does Save the Children. The contribution of UNICEF will consist mostly of training and technical assistance, along with the provision of educational materials for emergencies. In the Syrian Arab Republic, UNICEF will provide the UNRWA education department with further training on Global Education and Health Education methods, as well as with teaching aids for UNRWA schools. Training and capacity-building among teachers will be aimed at ensuring that all schools understand and can apply the "child-friendly" concept.

38. **Child protection.** The child protection programme seeks to ensure that effective mechanisms are in place to detect and address the physical, psychological and social impact of violence, abuse and exploitation on Palestinian children in the area programme.

39. The expected results will be accomplished through four main strategies: evidence-based advocacy, using information from studies and monitoring; the development of laws and policies pertaining to violence against, and abuse of, children; awareness-raising at the community level to reduce domestic violence; and building the capacity of service providers — teachers, counsellors, doctors, nurses and social workers, among others — to recognize and respond to cases of violence and abuse.

40. The programme calls for collaboration with legislators and school authorities in efforts to reduce violence in schools and to create or strengthen national policies for adolescent participation. In the Occupied Palestinian Territory, five Child Protection Networks will be developed with local authorities, school health teams, and parents.

41. **Development and participation of adolescents.** The programme seeks to create an environment that values children and adolescents and enables them to be proactive and to participate.

42. The programme will employ several main strategies: high-level advocacy in favour of increased protection and participation of adolescents; capacity-building for implementing and monitoring National Youth Policies as a way to expand initiatives such as adolescent-friendly spaces, Children's Municipal Councils, student councils and youth committees; and social mobilization to promote public awareness of the needs and rights of adolescents. In the Syrian Arab Republic, advocacy will be directed towards ensuring that Palestinian children and adolescents are represented on existing national youth councils.

43. The main activities of the programme will include the development and implementation of National Youth Policies, efforts that will encourage the participation of young people; the provision of quality services to adolescents, especially adolescent-friendly services and safe spaces for sports and recreational activities; and the inclusion of life skills training, in the educational system as well as non-formal educational and recreational settings, to enable adolescents to make informed decisions and protect themselves from risky behaviours, including those that might lead to HIV/AIDS.

44. Key partners of the programme will include the Ministries of Youth and Sports, Education and Higher Education, and Health, as well as municipal leaders, the Palestinian Broadcasting Corporation and the Palestinian Central Bureau of Statistics, along with local and international NGOs. In Jordan, UNICEF will work with Government, UNRWA and local NGOs. The main contributions of UNICEF will be technical assistance and capacity-building.

45. **Advocacy, communication, social policy, planning, monitoring and evaluation.** The programme seeks to improve the knowledge base, advocacy efforts and social policies in support of children's rights and to strengthen the institutional capacity of the partners in results-oriented, participatory and community-based planning and improved performance-monitoring and evaluation.

46. The expected results will be achieved through a variety of strategies, including: (a) working with the media to sensitize the general public about the importance of improved social policies and investments in favour of children; (b) developing common indicators for monitoring implementation of the Convention on the Rights of the Child, in partnership with UNRWA and NGOs; (c) supporting the establishment of a database that includes all Millennium Development Goals and the goals of *A World Fit for Children* and conducting a situation analysis focusing on social inclusion and equity, especially regarding the provision of social services; (d) capacity-building in programme planning, monitoring and evaluation; and (e) enhancing the capacity of key ministries to incorporate a child-rights approach into policy development, planning, and budgeting exercises during the development of sector-wide and sector investment programmes.

47. The main implementing partners for this programme will include the Ministry of Planning, the Central Bureau of Statistics, planning and statistics units in line Ministries, the media and selected NGOs. Partnerships will also be pursued with UNRWA, the United Nations Development Programme (UNDP) and other United Nations agencies, and selected research institutions.

48. The programme is cross-cutting in nature and the success it achieves in implementation will contribute to the effectiveness of all programme components. Consequently, there will be a need to strengthen the capacity of UNICEF staff in the four offices in planning, monitoring and evaluation and advocacy and social policy analysis.

49. **Cross-sectoral costs.** This component refers to staff and recurrent costs (such as office rent, utility costs and costs of security in United Nations security phase three areas) and the salaries for staff in zonal offices, administration and finance, and supply procurement.

**Major partnerships**

50. For the entire area programme, the emerging cooperation between UNICEF and UNRWA is crucial. The two agencies have begun to compile a matrix to map existing and potential areas of cooperation in the area and discuss new avenues for joint activities. UNRWA will hire a Senior Protection Policy Advisor to lead policy development in line with the Convention on the Rights of the Child. UNICEF will provide technical assistance to train UNRWA staff on child rights issues. UNICEF will also work with UNDP on issues related to safe play areas. In addition, UNICEF and WHO will work together on health and nutrition and produce a joint "State of Nutrition" document. The Joint United Nations Programme on HIV/AIDS and UNFPA will work with WHO and UNICEF on HIV/AIDS intervention. UNICEF enjoys a broad range of partnerships with national and international NGOs with effective outreach within the Palestinian community, including Defense for Children International, Save the Children, Palestinian Youth Association for Leadership and Rights Activities, the Canaan Institute and the Palestinian Red Crescent Society. Maintaining existing partnerships with major donors and identifying new donors will be a major focus for the future programme.

**Monitoring, evaluation and programme management**

51. The management of the proposed area programme will continue to follow a decentralized approach under close coordination of the Occupied Palestinian Territory office in Jerusalem. Experience gained from the current programme's management arrangements will be used to further strengthen programme planning and monitoring efforts by all four offices.

52. Monitoring and evaluation activities will be coordinated through integrated monitoring and evaluation plans (IMEPs), which will also be used as management tools. To a large extent, data required for monitoring is available from routine national and subnational information systems, supplemented by periodic surveys. UNICEF will continue to support surveys that are identified through the annual IMEPs. In addition, UNICEF offices will establish a database to systematize both situation and programme monitoring.

53. Evaluations and studies will be planned as part of the annual work plan. UNICEF will give major emphasis to evaluations in order to review the capacity of institutions to achieve their mission and to respond to the demand for social services. Evaluations will feed into the midterm review of the programme, to be conducted at the end of 2006.

54. Key indicators will cover the following areas: the development of social policies and plans that enhance development, protection and participation of children and adolescents; the percentage of national and bilateral/multilateral assistance budgets allocated to child-related services; mechanisms and services in place to detect, support and refer children who are victims of abuse, exploitation and violence; the percentage of young children with access to comprehensive early childhood development services; the percentage of children affected by malnutrition, including micronutrient deficiencies; the percentage of primary school-age children attending and completing school; the percentage of adolescents with access to life skills-based education; and the percentage of adolescents with opportunities for participation, recreation and socialization.